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I hereby certify that this correspondence is being deposited postage prepaid, with the United States Postal Service as "First Class Mail" in an envelope addressed to the Commissioner of Patents and Trademarks, M/S: Non-Fee Amendment, P.O. Box 1450, Alexandria, VA 22313 on August 13, 2004


By: Wendy Scott (Type Name) (Signature)

PATENT
Attorney Docket No. SUN-P9610-SPL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)	
)	Examiner: Clark, Jasmine Jhihan B
Ivan E. Sutherland)	
)	Group Art Unit: 2815
Serial No. 10/671,642)	
)	
Filing Date: September 26, 2003)	
)	
Title: INTEGRATED CIRCUIT ASSEMBLY)	
MODULE THAT SUPPORTS CAPACITIVE)	
COMMUNICATION BETWEEN)	
SEMICONDUCTOR DIES)	

TRANSMITTAL FOR ELECTION OF SPECIES IN REPLY TO RESTRICTION
REQUIREMENT

M/S: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ [x] Response to restriction requirement mailed July 26, 2004.
- ☐ [] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ [] 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ [] Information disclosure statement, form 1449 and ___ references.
- ☒ [x] No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P9610).

Respectfully submitted,

Dated: August 13, 2004

By: 
A. Richard Park
Registration No. 41,241

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IFW

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A. Richard Park

(Typed or Printed Name of Person Mailing Paper or Fee)

A. Richard Park

(Signature of Person Mailing Paper or Fee)



Application Number : 10/671,642
Applicant : Ivan E. Sutherland, et al.
Filed : September 26, 2003
TC/A.U. : 2815
Examiner : Clark, Jasmine
Docket Number : SUN-P9610-SPL
Customer No. : 22,835

Confirmation Number: 7884

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **July 26, 2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.